INLAND COUNTIES EMERGENCY MEDICAL AGENCY



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ALS PROVIDER AGENCY CHANGES IN ACCREDITED PERSONNEL QUARTERLY REPORT FORM

The ICEMA *ALS Provider Agency Criteria Policy*, Section 11(c) requires ALS providers to notify ICEMA of changes in accredited personnel on a quarterly basis. This information is essential to maintaining database accuracy and ensuring accredited EMT-Ps meet the employment requirement as specified in ICEMA Protocol #15301 Requirements for EMT-P Accreditation. Reports are due every January, April, July and October 15th.

ROVIDER NAME:	DATE:		
CHANGES IN ACCREDITED PERSONNEL:			
NAME	ICEMA ACCRED#	NEW HIRE or NO LONGER EMPLOY	EFFECTIVE DATE
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